

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 08/08/2012

Voucher Vchr VchrLineDescr

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year Month

00305339 1 I/S Meals & Lodging

1 542200

Employee I/S Meals & L 06101

ADAMS RICH-001

2013

08

0000091657

Adams, R. 7.30-8

570.00

Total For Voucher

570.00

0000100514

8.14.12

MO

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00305339
 Voucher Style: Regular

Invoice Number: Adams, R. 7.30-8.3.12
 Invoice Date: 08/06/2012
 Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: [Pay Now](#) | [Schedule Payments](#)

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1

Gross Amount: 570.00 USD
 Discount: 0.00 USD
 Late Charge

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Scheduled Due: 08/06/2012
 Net Due: 08/06/2012
 Discount Due:
 Accounting Date:

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH	*Netting:	N
Message:		Messages	

Message will appear on remittance advice.

AGENCY New Mexico Department of Health
NAME

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 7/30/12
AGENCY CODE 66500
VOUCHER NUMBER 00305339

NAME Richard Adams

CAR LICENSE NUMBER GS 1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

POST OF DUTY
Ruidoso
RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER) ☐
ACTUAL
(RECOUPMENT VOUCHER) ☒

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
7/30/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and OFM staff overnight Santa Fe rates apply*				135.00		135.00
7/31/12			overnight Santa Fe rates apply*				135.00		135.00
8/1/12			overnight Santa Fe rates apply*				135.00		135.00
8/2/12			Overnight Santa Fe rates apply*				135.00		135.00
8/3/12		7:00pm	Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)				TOTALS					
ACTUAL <input type="checkbox"/>				570.00					
APPROVED RATES <input checked="" type="checkbox"/>				570.00					
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				Employee Signature					
				Date					

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON: 08/01/2012 13:10

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X *Richard Adams* 7/30/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: GS1984	
	Year: 2011	Make: Nissan	Model: Altima			

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 07/27/12		Destination: Santa Fe			
	Departure Date: (month/day/yr)	07/30/12	Time: 07:00 AM	Return Date: (month/day/yr)	8-3-12	Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues	542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee	542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor	Santa Fe Only: 4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor	549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee	Actuals: @ /day	\$ 0.00
Baggage Fee	With meals: @ \$45/day	\$ 0.00
Shuttle Fee	Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee	Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee	Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile		\$ 0.00
Miscellaneous Expense: days @ \$6 per day		\$ 0.00
Car Rental: days @ per day		\$ 0.00
	Total reimbursement to employee	\$ 570.00
	Total cost of trip	\$ 570.00

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Employee Signature </div> <div style="text-align: center;"> 7/30/12 Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Supervisor/Bureau Chief Signature </div> <div style="text-align: center;"> Date </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Division Director/Hospital Administrator <small>(As per specific division requirements)</small> </div> <div style="text-align: center;"> Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Cabinet Secretary Signature <small>(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)</small> </div> <div style="text-align: center;"> 7/31/12 Date </div> </div>